



## MEDICAL RELEASE / CONSENT FOR MEDICAL TREATMENT FORM

Swimmer's Name: (First & Last): \_\_\_\_\_

| Emergency Contact Information | Emergency Contact #1 | Emergency Contact #2 |
|-------------------------------|----------------------|----------------------|
| Name                          |                      |                      |
| Relationship to Swimmer       |                      |                      |
| Contact Number #1             |                      |                      |
| Contact Number #2             |                      |                      |

### Important Information Regarding Collection and Storage of Health Card Information

Please note that in order to receive any needed medical treatment swimmers will need to have access to their health card number and a copy of their health card. Parents MAY choose to provide their child with a photocopy of their Health Card and have them keep it in a safe place. Chaperones will also collect and store health card information in a secure location for those swimmers who wish to have them hold this information. This information will be returned to the swimmer at the conclusion of the meet.

Health Card # (optional): \_\_\_\_\_ Health Card Photocopy (optional)-With Swimmer/With Chaperone

Allergies:

\_\_\_\_\_

Medications:

\_\_\_\_\_

\_\_\_\_\_

Can the participant administer his/her own medication(s)?  Yes  No

Important medical considerations:

\_\_\_\_\_

\_\_\_\_\_



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I/We \_\_\_\_\_ (parent/guardians) give permission for  
\_\_\_\_\_ to attend any designated meets, practices and training camps  
during the 2017/2018 season.

***The undersigned (parents/guardians) hereby irrevocably appoint and consent to the authorization by the Windsor Aquatic Club of any and all necessary medical treatment in the event this becomes necessary for the above named swimmer while the swimmer is in the custody of and under control of the Windsor Aquatic Club.***

The undersigned further agrees that the Club, and its volunteers, trustees, Board members, coordinators, employees and agents shall be exempt and free of all liability and claims for damages and/or injury of any kind caused to the swimmer or to the property of the swimmer while in the custody and/or under the control of the Windsor Aquatic Club, and in particular, any damages arising by or from the authorization by the Windsor Aquatic Club of any necessary medical treatment as herein before referred to.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE NOTE THAT IT IS ADVISABLE FOR ANY CHILD NOT COMPLETELY WELL TO STAY AT HOME